



Texas Department of Insurance, Division of Workers' Compensation  
Medical Fee Dispute Resolution, MS-48  
7551 Metro Center Drive, Suite 100 • Austin, Texas 78744-1609

## MEDICAL FEE DISPUTE RESOLUTION FINDINGS AND DECISION

### PART I: GENERAL INFORMATION

Requestor's Name and Address:

Orthopedic Institute of Texas  
729 Bedford Euless Rd Ste 112  
Hurst TX 76053

MFDR Tracking #: M4-06-2682-01

Respondent Name and Box #:

Pennsylvania General Insurance  
Box #: 29

E  
Insurance

### PART II: REQUESTOR'S POSITION SUMMARY AND PRINCIPAL DOCUMENTATION

Requestor's Position Summary, as taken from the Table of Disputed Services states in part, "Carrier claims 22800 is included in 22842 - This is in opposition to CCI edits and AAOS guidelines..."

Principal Documentation:

1. DWC 60 package
2. Total Amount Sought - \$1543.00
3. CMS 1500s
4. EOBs

Sent

NOV 09 2007

TX DEPARTMENT OF INSURANCE  
DIVISION OF WORKERS'  
COMPENSATION

### PART III: RESPONDENT'S POSITION SUMMARY AND PRINCIPAL DOCUMENTATION

Respondent's Position Summary: None

### PART IV: SUMMARY OF FINDINGS

Eligible Dates of Service (DOS)	CPT Codes and Calculations	Denial Codes	Part V Reference	Amount Ordered
5/02/05	22800-59(\$1,313.95 x 125%)	97, 217	1-4	\$1,543.00
Total Due:				\$1,543.00

### PART V: REVIEW OF SUMMARY, METHODOLOGY AND EXPLANATION

Texas Labor Code Section 413.011(a-d), titled *Reimbursement Policies and Guidelines*, and Division Rule 134.202, titled *Medical Fee Guideline* effective August 1, 2003, set out the reimbursement guidelines.

1. These services were denied by the Respondent with reason code:
  - "97 - Payment is included in the allowance for another service/procedure
  - 217 - The value of this procedure is included in the value of another procedure performed on this date.
  - Per review by our Physician advisor the CPT expert for CPT code 22800-59 is included in procedure 22842 as the instrumentation may correct the spine's anatomic position. Therefore, we are unable to recommend any additional allowance at this time."

2. Per Rule 134.202(b), CPT code 22800 is not bundled to any other code billed on the same day; therefore, reimbursement is recommended.
3. Per Rule 134.202(d), "Reimbursement shall be the least of the (1) MAR amount as established by this rule; (2) health care provider's usual and customary charge; or (3) health care provider's workers' compensation negotiated and/or contracted amount that applies to the billed service(s)." The lesser of these three amounts was \$1,543.00
4. Per review of Box 32 on CMS-1500, zip code 76054 is located in Tarrant County. The maximum reimbursement amount, under Rule 134.202(b), is determined by locality.

A Legal & Enforcement referral will be made.

#### PART VI: GENERAL PAYMENT POLICIES/REFERENCES

Texas Labor Code Section. 413.011(a-d), Section. 413.031 and Section. 413.0311  
28 Texas Administrative Code Section. 134.1, Section. 134.202  
Texas Government Code, Chapter 2001, Subchapter G

#### PART VII: DIVISION DECISION

Based upon the documentation submitted by the parties and in accordance with the provisions of Texas Labor Code Section 413.031, the Division has determined that the Requestor is entitled to reimbursement. The Division hereby **ORDERS** the Carrier to remit to the Requestor the amount of \$1,543.00 plus applicable accrued interest per Division Rule 134.803, due within 30 days of receipt of this Order.

#### ORDER:



Authorized Signature



Medical Fee Dispute Resolution Officer

11/08/07

Date

#### PART VIII: YOUR RIGHT TO REQUEST AN APPEAL

Either party to this medical fee dispute has a right to request an appeal. A request for hearing must be in writing and it must be received by the DWC Chief Clerk of Proceedings within **20** (twenty) days of your receipt of this decision. A request for hearing should be sent to: Chief Clerk of Proceedings, Texas Department of Insurance, Division of Workers Compensation, P.O. Box 17787, Austin, Texas, 78744. **Please include a copy of the Medical Fee Dispute Resolution Findings and Decision** together with other required information specified in Division Rule 148.3(c).

Under Texas Labor Code Section 413.0311, your appeal will be handled by a Division hearing under Title 28 Texas Administrative Code Chapter 142 Rules if the total amount sought does not exceed \$2,000. If the total amount sought exceeds \$2,000, a hearing will be conducted by the State Office of Administrative Hearings under Texas Labor Code Section 413.031.

**Si prefiere hablar con una persona en español acerca de ésta correspondencia, favor de llamar a 512-804-4812.**